

A Place for Kids Authorization for Transportation

Child's Name: _____

My child has permission to be transported by A Place for Kids for any of the following reasons:

1. To and from school as applied.
2. To scheduled and authorized field trips.
3. To seek medical care.

In the event I cannot be reached to make arrangements for emergency medical care I authorize the person in charge to take my child to seek medical care.

Parent's Signature

Today's Date

His /her immunization records are on file at the elementary school or A Place for Kids Learning Center and are current.

School Name: _____ Teacher's Name: _____

School Telephone Number : _____

Emergency Contact Numbers:

Mother's Name

Day Time Number

Father's Name

Day Time Number

Emergency Contact Person

Day Time Number

Emergency Contact Person

Day Time Number